

525  
21/22

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 19     | 12301    |
| <b>FORMALITY REVIEW</b>          | MT       | 523    | 04/01/01 |
| <b>RESPONSE FORMALITY REVIEW</b> | BLB      | 1091   | 9-20-01  |

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original | 12/20/00 |
| 1        | ✓        |
| 2        | ✓        |
| 3        | ✓        |
| 4        | ✓        |
| 5        | ✓        |
| 6        | ✓        |
| 7        | ✓        |
| 8        | ✓        |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy